National Academy of Medicine of Mexico – Dr. Enrique Ruelas Barajas, President



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Tags: transparency, innovation

In 2014 the National Academy of Medicine celebrated its 150th anniversary. The president of the renowned medical institution discusses the recent activities of the academy, the importance of increasing transparency in the relationship between the pharmaceutical industry, healthcare institutions and physicians.

This year the National Academy of Medicine celebrates its 150th anniversary. Could you please tell us a bit about the history of the institution?

The academy was founded back in 1864 with the objective of constantly searching for solutions to improve the health and needs of the Mexican population. In 1912 it was appointed as a consulting body to the government for all health-related issues. The institution has remained vigorous and active throughout its 150 years of existence and its activities have only been interrupted three times: once in 1913 during the Mexican Revolution and twice in 1985 after the dramatic earthquake, which hit Mexico City.

Since its foundation, the admission process to the academy has been extremely selective. Over 150 years, the academy has had a total of 1,130 members, which means an average of eight new members per year. Today we have around 600; taking in consideration we have over 200,000 physicians in this country, you can tell it is a very select group! The majority of deans of UNAM (the National Autonomous University of Mexico), the most important university in the whole country,

have been members of the academy. The current president of the faculty of medicine at UNAM, Dr. Enrique Graue Wiechers, is the current vice-president and will be my successor. Moreover, seven ministers of health have been members of the academy.

You were appointed as president of the academy in 2012. What have been the most important milestones of your tenure?

The fact that I am president of the institution is an odd situation, as I am neither a clinician nor a basic or clinical researcher but specialized on health services administration — most of the presidents over the 150 years have been either one or the other. However, this gives me a different perspective of what can be done to improve the quality of health of Mexican people. During this time I managed to obtain funds from CONACyT (the National Council for Science and Technology) to create a formal program to conduct research and formulate proposals for the most important health problems affecting the Mexican population. During the two years of my presidency, we have issued 20 position papers – something that had never been done before. In these papers, we cover a variety of topics: accidents, aging, diabetes, nutrition, physical activity, quality in healthcare, the future of physicians and specialists, depression, women's health, and others. In order to produce those papers we organized forums and seminars with healthcare specialists at national and international level.

With a rate of two physicians per 1,000 inhabitants, Mexico is one of the OECD countries with the lowest number of doctors per capita. What is the academy doing to improve this situation?

We have produced two position papers on the current status of physicians and specialists in Mexico. We are trying to understand how many physicians and medical specialties we have in the country to make sure the government can get a clearer picture and fill these gaps. One of the advantages we have is that many members of our institution participate in decision-making processes; for example, the chief of medical education at IMSS (the Mexican Social Security Institute) is treasurer of the academy. This helps influence change.

You mentioned the importance of increasing transparency in the relationship between the pharmaceutical industry and healthcare institutions and physicians. What is the academy doing in this sense?

When I used to work at the General Health Council back in 2004, I proposed the creation of a committee comprised of figures from industry, health institutions and physicians to receive ideas, complaints and general feedback regarding healthcare stakeholders, also in terms of transparency

and ethics. To my surprise, most complaints were directed against physicians and not against the industry itself, as we predicted. This is because the pharmaceutical industry has always been very well organized, whereas the medical side is not. As a result, we have brought up the issue with the Mexican association of medical schools to push for training on transparency and ethics.

From the academy's viewpoint, what do you think should be done to foster innovation in Mexico?

Innovation can be seen from three different perspectives; first, in terms of pharmaceutical innovation, as in the case of the development of a new molecule. Second, making young people interested in research by offering incentives, and finally, in terms of organizational innovation. Often innovation is not only about having new products and services, it's about using what's available in different and new ways. Many processes can be more efficient even if they don't radically change. We need to dare and feel the need and urgency to do new things – there needs to be a certain amount of risk involved if you want to change the whole system. Working with governments is not very easy, since they tend to be very conservative. We need to break these chains and become more creative and wise at the same time. We have to recognize whenever a mistake is done, but that's ok, that is the price of doing new things.

What will be the main priorities of the academy for the coming years?

Our priorities are and will always be those of the Mexican population. Unfortunately, we will still need to cope with diseases such as obesity, cancer and diabetes, which are heavily affecting the country. Also, there is a huge gap between talking about quality – which is nothing more than a word –and real-life change and improvement in our services. This is what the academy has been pushing for all along. We've organized several summits with people from all around the world to talk about their success stories and improvement methods, so we can understand what was done right in those cases.

One of today's hot issues is universal health coverage. Indeed, if you pour more money into the healthcare system, you will see a dramatic improvement, as you will be able to build more hospitals and clinics and hire more doctors and nurses. However, universal health coverage is about value, not only volume. If you don't introduce quality to the equation, you risk doing more harm than good. A positive aspect is that we are working very closely with the Ministry of Health so that the winds will be favorable for us and will lead us in the right direction**.**

In November 2014 your tenure as president of the academy will come to an end. What are your personal plans and projects for the future?

I will not stop my personal mission of improving quality in healthcare. I will focus on topics such as patient's safety and how to improve the quality of healthcare for the population. And this starts from physicians: besides being good at diagnosing, they need to learn compassionate and understand their patients' needs. It's all about improving quality from a professional as well as personal point of view.

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